



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/715,629

PATENT

Applicant(s): Kunihiro Watanabe

Attorney Docket No. 3120/FLK (032878-87667)

Filing Date: November 18, 2000

Group Art Unit: 2612

Examiner: Aung S. Moe

Title: SOLID STATE IMAGING  
DEVICE...

**FEE ONLY**

July 26, 2004

Mail Stop  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RECEIVED**

AUG 03 2004

Technology Center 2600

AMENDMENT

SIR:

I. INTRODUCTORY COMMENTS

In response to the Office Action dated March 25, 2004, please amend the subject application as set forth hereinbelow.

Applicant hereby petitions for a one-month extension of time, a petition pursuant to 37

C.F.R. 1.136(a) and authorization to charge the requisite fee being enclosed.

10/28/2004 01 FC:1201  
Any fee due as a result of this paper, not  
owed by 09/715,629, may be  
charged on Deposit Acct. No. 50-1290.  
86.00 DA

Filed by Express Mail  
Receipt No. 5798018785945  
On Jul 26-04  
By: Patricia Muir

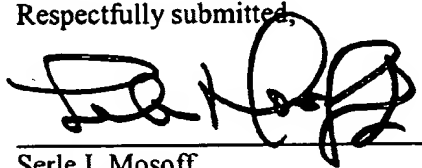
It is also believed that claims 7 and 9, indirectly or directly depending on claim 6 are allowable for the same reasons indicated with respect to the amended claim 6, and further because of the additional features recited therein which, when taken alone and/or in combination with the features recited in the amended claim 6, remove the invention defined therein further from the disclosures made in the cited references.

#### CONCLUSION

Applicants believe that this is a full and complete response to the Office Action. For the reasons discussed above, applicants now respectfully submit that all of the pending claims are in complete condition for allowance. Accordingly, it is respectfully requested that the Examiner's rejections be withdrawn; and that claims 6-10 be allowed in their present forms. If the Examiner feels that any issues that remain require discussion, he is kindly invited to contact applicant's undersigned attorney to resolve the issues.

Any fee due with this paper may be charged to Deposit Account No. 50-1290.

Respectfully submitted,



Serle I. Mosoff  
Reg. No. 25,900

#### CUSTOMER NUMBER 026304

KATTEN MUCHIN ZAVIS ROSENMAN  
575 Madison Avenue  
New York, NY 10022-2585  
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Docket No.: 032878-87667 [3120/FLK]  
SIM: pm

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/715629

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY  
TYPE ☐OR OTHER THAN  
SMALL ENTITY

TOTAL CLAIMS	11	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	11 minus 20 =	*
INDEPENDENT CLAIMS	3 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	710

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	11	Minus	20 = -
	Independent	4	Minus	3 = 1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	86
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	86

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		Minus	** =
	Independent		Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		Minus	** =
	Independent		Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.